Employee Job Reclassification Request Form

Employee Information
Employee Name
Employee ID
Department
Current Job Title
Current Job Classification
Requested Reclassification
Requested Job Title
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Requested Job Classification
Effective Date
Reason for Reclassification
Explanation
Supervisor/Manager Recommendation
Name
Comments
Comments
HR/Administration Use Only
Reviewed By

Date Reviewed

Decision		
		▼
Notes		